

Revised 04/07

ALLIANCE FOR UNIFORM HAZMAT TRANSPORTATION PROCEDURES
Application and Instruction Packet
For
The Uniform State Hazardous Materials Transportation
Motor Carrier Registration and Permit Program

**This packet includes Parts I, II, III & IV for New Applicants or the Part II Permit Review
LONG FORM – Required every three years**

If you do not transport hazardous waste in or through the states of Ohio and Minnesota or radioactive waste in or through the state of Nevada, Part III may be omitted.

The uniform registration and permitting application shall be completed by all motor carriers who:

Transport:

- 1) hazardous materials of a type and amount that require the transport vehicle to be placarded pursuant to 49 CFR, Part 172.500 et seq.; OR
- 2) hazardous waste of a type and amount that requires the shipment to be accompanied by a Uniform Hazardous Waste Manifest contained in 40 CFR, Part 262, including “state” designated hazardous wastes”. State designated hazardous wastes are additional hazardous wastes that have been officially determined by states that have been authorized by the United States Environmental Protection Agency to manage RCRA programs within their respective states. OR
- 3) low-level radioactive waste regulated by the Nuclear Regulatory Commission under 10 CFR, Parts 20 and 61.

And who operate in the following jurisdictions that participate in the uniform registration and permit program.

Illinois, Michigan, Oklahoma - Hazardous Waste Only
West Virginia - All Hazardous Materials
Minnesota, Ohio - All Hazardous Materials, Part III for Hazardous Waste
Nevada - All Hazardous Materials, Part III for Radioactive Materials

Note: Transportation of wastes not covered under the Uniform State Hazardous Materials Transportation Motor Carrier Registration and Permit Program may have additional permit/registration/manifest requirements in various Program States. Questions should be directed to the specific Program State regarding the waste transportation as noted below:

Illinois: Non-hazardous special waste, potential infectious medical waste, used tires
Michigan: Non-hazardous liquid industrial waste, scrap tires, PCB

Please refer to the instructions that accompany this application before contacting the base state with questions or requests for additional information.



Alliance for Uniform HazMat Transportation Procedures Application and Instruction Packet

- ☐ New Applicant
☐ Permit Renewal

PART I – Required for all Applicants**Section A: Motor Carrier Information**

1. Legal Name			2. Doing Business Name (DBA)		
3. Mailing Address			4. Physical Street Address		
5. City	6. State/Province	7. Zip Code	8. City	9. State/Province	10. Zip Code
11. Principal Business Phone Number		12. Principal Contact Cellular Phone		13. Principal Business Fax Number	
14. 24 Hr. Emergency Response Number		15. IRS Tax ID Number		16. PHMSA HazMat Registration Number	
17. USDOT#		18. MC or MX #		19. U.S. EPA ID# (Required for Hazardous Waste)	
20. Application Contact Person			21. Email address		

Section B: Motor Carrier Operation

22. Carrier Operation (Check all that apply) A. <input type="checkbox"/> Interstate B. <input type="checkbox"/> Intrastate C. <input type="checkbox"/> For-Hire D. <input type="checkbox"/> Private		23. Do you transport hazardous waste in a manner that requires a uniform manifest? <input type="checkbox"/> Yes <input type="checkbox"/> No 24. Do you anticipate transportation of radioactive waste in Nevada? <input type="checkbox"/> Yes <input type="checkbox"/> No
25. Do you anticipate transportation of hazardous waste in the following states? <input type="checkbox"/> Illinois <input type="checkbox"/> Michigan <input type="checkbox"/> Minnesota <input type="checkbox"/> Nevada <input type="checkbox"/> Oklahoma <input type="checkbox"/> Ohio <input type="checkbox"/> West Virginia		26. Did you transport hazardous waste in any of the following states in the previous 12 months? <input type="checkbox"/> Illinois <input type="checkbox"/> Michigan <input type="checkbox"/> Minnesota <input type="checkbox"/> Nevada <input type="checkbox"/> Oklahoma <input type="checkbox"/> Ohio <input type="checkbox"/> West Virginia

Section C: Fleet Information

Provide the following information for the applicant's fleet. If the applicant maintains multiple fleets for purposes of IRP reporting, complete a separate copy of this page (Section C) for each fleet. IRP covers only 26,000 pound and heavier vehicles. Therefore, also include non-IRP (and non-IFTA) power units as a separate fleet(s) if necessary.

27. IRP/IFTA Account Number	28. Reporting Period (12 months) <input type="checkbox"/> Calendar Yr _____ <input type="checkbox"/> Other - from _____ to _____																																																								
29. Average number of power units owned, leased or operated for the time period indicated in Item 28.	30. Average number of cargo tanks owned, leased or operated for the time period indicated in Item 28. Above 3500 water gallons _____ Capacities at or below 3500 water gallons _____																																																								
31. International Registration Plan (IRP) Percentages – Fleet # _____ <table><tr><td>AL _____%</td><td>FL _____%</td><td>KY _____%</td><td>MO _____%</td><td>NJ _____%</td><td>RI _____%</td><td>VA _____%</td></tr><tr><td>AK _____%</td><td>GA _____%</td><td>LA _____%</td><td>MT _____%</td><td>NM _____%</td><td>SC _____%</td><td>WA _____%</td></tr><tr><td>AZ _____%</td><td>HI _____%</td><td>MA _____%</td><td>NC _____%</td><td>NY _____%</td><td>SD _____%</td><td>WV _____%</td></tr><tr><td>AR _____%</td><td>ID _____%</td><td>MD _____%</td><td>ND _____%</td><td>OH _____%</td><td>TN _____%</td><td>WI _____%</td></tr><tr><td>CA _____%</td><td>IL _____%</td><td>ME _____%</td><td>NE _____%</td><td>OK _____%</td><td>TX _____%</td><td>WY _____%</td></tr><tr><td>CO _____%</td><td>IN _____%</td><td>MI _____%</td><td>NV _____%</td><td>OR _____%</td><td>UT _____%</td><td>DC _____%</td></tr><tr><td>CT _____%</td><td>IA _____%</td><td>MN _____%</td><td>NH _____%</td><td>PA _____%</td><td>VT _____%</td><td>Other North American _____%</td></tr><tr><td>DE _____%</td><td>KS _____%</td><td>MS _____%</td><td></td><td></td><td></td><td></td></tr></table>		AL _____%	FL _____%	KY _____%	MO _____%	NJ _____%	RI _____%	VA _____%	AK _____%	GA _____%	LA _____%	MT _____%	NM _____%	SC _____%	WA _____%	AZ _____%	HI _____%	MA _____%	NC _____%	NY _____%	SD _____%	WV _____%	AR _____%	ID _____%	MD _____%	ND _____%	OH _____%	TN _____%	WI _____%	CA _____%	IL _____%	ME _____%	NE _____%	OK _____%	TX _____%	WY _____%	CO _____%	IN _____%	MI _____%	NV _____%	OR _____%	UT _____%	DC _____%	CT _____%	IA _____%	MN _____%	NH _____%	PA _____%	VT _____%	Other North American _____%	DE _____%	KS _____%	MS _____%				
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CT _____%	IA _____%	MN _____%	NH _____%	PA _____%	VT _____%	Other North American _____%																																																			
DE _____%	KS _____%	MS _____%																																																							
32. Percentage of transportation activity that involves hazardous materials <table><tr><td><input type="checkbox"/> None- MIDPOINT 0.0%</td><td><input type="checkbox"/> 30.1 to 40.0 – MIDPOINT 35.0%</td><td><input type="checkbox"/> 70.1 to 80.0 – MIDPOINT 75.0%</td></tr><tr><td><input type="checkbox"/> Greater than 0 to 10.0 – MIDPOINT 5.0%</td><td><input type="checkbox"/> 40.1 to 50.0 – MIDPOINT 45.0%</td><td><input type="checkbox"/> 80.1 to 90.0 – MIDPOINT 85.0%</td></tr><tr><td><input type="checkbox"/> 10.1 to 20.0 – MIDPOINT 15.0%</td><td><input type="checkbox"/> 50.1 to 60.0 – MIDPOINT 55.0%</td><td><input type="checkbox"/> 90.1 to 100.0 – MIDPOINT 95.0%</td></tr><tr><td><input type="checkbox"/> 20.1 to 30.0 – MIDPOINT 25.0%</td><td><input type="checkbox"/> 60.1 to 70.0 – MIDPOINT 65.0%</td><td></td></tr></table>		<input type="checkbox"/> None- MIDPOINT 0.0%	<input type="checkbox"/> 30.1 to 40.0 – MIDPOINT 35.0%	<input type="checkbox"/> 70.1 to 80.0 – MIDPOINT 75.0%	<input type="checkbox"/> Greater than 0 to 10.0 – MIDPOINT 5.0%	<input type="checkbox"/> 40.1 to 50.0 – MIDPOINT 45.0%	<input type="checkbox"/> 80.1 to 90.0 – MIDPOINT 85.0%	<input type="checkbox"/> 10.1 to 20.0 – MIDPOINT 15.0%	<input type="checkbox"/> 50.1 to 60.0 – MIDPOINT 55.0%	<input type="checkbox"/> 90.1 to 100.0 – MIDPOINT 95.0%	<input type="checkbox"/> 20.1 to 30.0 – MIDPOINT 25.0%	<input type="checkbox"/> 60.1 to 70.0 – MIDPOINT 65.0%																																													
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33. Percentage of transportation activity attributed to only hazardous waste for the twelve month period indicated in Item 28 _____																																																									

34. Check each applicable class, division and zone of hazardous materials transported. (See 49 CFR 173.2 et.seq)

- | | |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Div 1.1 Explosives (with mass explosion hazard) | <input type="checkbox"/> Div 4.2 Spontaneously Combustible material |
| <input type="checkbox"/> Div 1.2 Explosives (with projection hazard) | <input type="checkbox"/> Div 4.3 Dangerous when wet material |
| <input type="checkbox"/> Div 1.3 Explosives (with predominantly fire hazard) | <input type="checkbox"/> Div 5.1 Oxidizer |
| <input type="checkbox"/> Div 1.4 Explosives (with no significant blast hazard) | <input type="checkbox"/> Div 5.2 Organic Peroxide |
| <input type="checkbox"/> Div 1.5 Very insensitive explosives; blasting agents | <input type="checkbox"/> Div 6.2 Infectious substance (Etiologic agent) |
| <input type="checkbox"/> Div 1.6 Extremely insensitive detonating substances | <input type="checkbox"/> Div 6.1 A (Poison Liquid which is a PIH Zone A) |
| <input type="checkbox"/> Div 2.1 Flammable gas | <input type="checkbox"/> Div 6.1 B (Poison Liquid which is a PIH Zone B) |
| <input type="checkbox"/> Div 2.1 LPG (Liquified Petroleum Gas) | <input type="checkbox"/> Div 6.1 Poison (Poisonous liquid with no inhalation hazard) |
| <input type="checkbox"/> Div 2.1 Methane Gas | <input type="checkbox"/> Div 6.1 Solid (Meets the definition of a poisonous solid) |
| <input type="checkbox"/> Div 2.2 Non-flammable compressed gas | <input type="checkbox"/> Class 7 Radioactive materials |
| <input type="checkbox"/> Div 2.2 A (Anhydrous Ammonia) | <input type="checkbox"/> HRCQ (Highway Route Controlled Quantity of Radioactive Material) |
| <input type="checkbox"/> Div 2.3 A (Poison Gas which is Poison Inhalation Hazard (PIH) Zone A) | <input type="checkbox"/> Class 8 Corrosive material |
| <input type="checkbox"/> Div 2.3 B (Poison Gas which is PIH Zone B) | <input type="checkbox"/> Class 8 A (Corrosive liquid which is a PIH Zone A) |
| <input type="checkbox"/> Div 2.3 C (Poison Gas which is PIH Zone C) | <input type="checkbox"/> Class 8 B (Corrosive liquid which is a PIH Zone B) |
| <input type="checkbox"/> Div 2.3 D (Poison Gas which is PIH Zone D) | <input type="checkbox"/> Class 9 Miscellaneous hazardous material |
| <input type="checkbox"/> Class 3 Flammable and combustible liquid | <input type="checkbox"/> Elevated Temperature Material Infectious Waste |
| <input type="checkbox"/> Class 3 A (Flammable liquid which is a PIH Zone A) | <input type="checkbox"/> Marine Pollutants |
| <input type="checkbox"/> Class 3 B (Flammable liquid which is a PIH Zone B) | <input type="checkbox"/> Hazardous Sub (RQ) |
| <input type="checkbox"/> Combustible Liquid (Refer to 49 CFR 173.120 (b)) | <input type="checkbox"/> Hazardous Waste |
| <input type="checkbox"/> Div 4.1 Flammable Solid | <input type="checkbox"/> ORM |

35. Which of the following hazardous material(s) does your company transport, check all that apply:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Highway Route Controlled Quantities (HRCQ of Radioactive materials) | <input type="checkbox"/> 3. (cont'd) material in a bulk package (capacity greater than 450 liters (119 gallons), a material meeting the definition of a Hazard Zone C or D (TIH) material in a bulk packaging that has a capacity greater than 13,248 L (3,500 gallons). |
| <input type="checkbox"/> 2. More than 25 kg (55 pounds) of a Division 1.1, 1.2, or 1.3 material or a quantity of Division 1.5 material that requires placarding | <input type="checkbox"/> 4. Shipments of compressed or refrigerated liquid methane or liquefied natural gas with a methane content of at least 85% in a bulk packaging that has a capacity greater than 13,248 L (3,500 gallons) |
| <input type="checkbox"/> 3. For materials that meet the definition of "material poisonous by inhalation (TIH) as defined in 49 CFR 171.8: More than 1 liter (1.08 quarts) per package of a material meeting the definition of a Hazard Zone A (TIH) material, a material meeting the definition of a Hazard Zone B (TIH) (cont'd in next column) | |

35a. If you checked any of the boxes in Item 35, you **must certify the following four statements** with your initials in the line to the left of each statement.

- | | |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____ | 1. I certify that the applicant has been issued a Satisfactory Safety Rating from the Federal Motor Carrier Safety Administration. |
| _____ | 2. I certify that the applicant's out of service rate is not in the top 30% of the national average. |
| _____ | 3. I certify that the applicant's crash rate is not in the top 30% of the national average. |
| _____ | 4. I certify that, to the best of my knowledge, the applicant has a system to adequately communicate and/or track shipments of hazardous materials per 49 CFR 385.415 |

PART II – Required for all Applicants only during Permit Review Year	
Initials	Section A: Certifications
	1. I certify that, to the best of my knowledge, the applicant has a properly executed Form MCS82 or MCS90, and has in effect and will maintain the minimum level of financial responsibility as required by 49 CFR 387 or required coverage for intrastate carriers, if applicable.
	2. I certify that, to the best of my knowledge, all applicant owned and operated vehicles have received a periodic inspection within the past year under the requirements detailed in 49 CFR 396.17 and the applicant maintains vehicle maintenance records in accordance with Part 396 all inclusive.
	3. I certify that, to the best of my knowledge, all of the applicant's drivers subject to 49 CFR 383 have a current commercial driver's license, including all applicable endorsements for hazardous materials and cargo tankers and a complete driver qualification file is maintained in accordance with Part 391.
	4. I certify that, to the best of my knowledge, the applicant complies with all applicable USDOT bulk packaging requirements as required by 49 CFR 100, 180, inclusive.
	5. I certify that, to the best of my knowledge, the applicant is in compliance with 29 CFR 1910.120(q) regulations pertaining to an emergency response plan.
	6. I certify that, to the best of my knowledge, the applicant is aware of, and will observe, all state designated routing requirements as required by 49 CFR 397 and will so instruct its drivers.
	7. I certify that, to the best of my knowledge, the applicant is in compliance with 29 CFR 1910.1200 and 49 CFR 172 Subpart H and 49 CFR 177.800 dealing with training requirements for hazardous materials employees.
	8. I certify that, to the best of my knowledge, the applicant retains its shipping papers, or an electronic image thereof, for a period of one year in conformance with 49 CFR 177.817(f)
	9. I certify that, to the best of my knowledge, the applicant maintains all hours of service records as required in 49 CFR 395.8 and is in compliance with the hours of service regulations in 49 CFR 395.
	10. I certify that, to the best of my knowledge, the applicant meets the motor carrier safety requirements found in 49 CFR 100 to 180 inclusive.
	11. I certify that, to the best of my knowledge, the applicant meets the federal requirements relating to security including security awareness training, the development of security plans, and security plan administration, as required by 49 CFR 172.704, 172.800 and 172.802 [RSPA Docket HM-232]

Part III Additional Information Required from Motor Carriers of Hazardous Waste			
<p>Part III is required only for transporters of hazardous waste in or through the states of Minnesota and Ohio and transporters of radioactive waste in or through the state of Nevada. Hazardous waste transporters may substitute information from documents filed for other purposes to meet the requirements of Part III. Specific page references that link the provided documents to the requested information must be provided.</p>			
Section A. Incorporation			
<p>If the applicant is incorporated, provide the date of incorporation: _____ Place of incorporation: _____</p> <p>The applicant shall provide a table of organization showing the applicant's position in relationship to parent and subsidiary firms.</p> <p>The applicant shall provide an organization chart for key management personnel.</p>			
Section B. Facilities Owned and Operated			
<p>List the name, business address, EPA or State ID Number (as applicable) and principal type of business of all North American facilities which currently are, or have in the last three years been, owned, operated or leased by the applicant, which during that time have been engaged in any of the activities described below. For each facility, also list all federal, state and local agencies which have regulated the facility's activities listed in 1-4 below, and list all permits, licenses and registrations applied for or held during that time by the applicant's firm for such activity.</p> <ol style="list-style-type: none"> 1. RCRA or non-RCRA hazardous waste transportation, generation, treatment, storage, transfer, disposal, recycling or other handling. Note: "Non-RCRA hazardous waste" includes a number of materials regulated by certain, but not all, states as hazardous waste, such as waste asbestos, used oil and contaminated soil. 2. Biohazardous (infectious or medical) waste transportation, treatment or disposal. 3. Septic or industrial wastewater transportation, treatment or disposal. 4. Solid waste transportation, disposal or other handling. <p>Provide information in a matrix format with the following headings as Attachment III.B to this application.</p> <div style="margin-left: 20px;"> Facility Name Address EPAState ID# Principal Business Regulatory Agency Permits, Licenses, Registrations Held or Applied for </div>			
Section C. Identification of Key Management Personnel			
<p>For purposes of this disclosure statement, "key management personnel" means any individual having positions of discretionary responsibility, control or influence over the applicant's environmental, waste management, or transportation operations. Provide identifying information for such personnel as specified below as Attachment III.C to this application.</p> <ol style="list-style-type: none"> 1. Basic Identifying Information. Provide the full name, date of birth, driver's license number and all aliases used for individuals who hold, or have held in the last three years, the following key management positions (as applicable) in the applicant's firm: <ol style="list-style-type: none"> a. All individuals holding or controlling 10 percent or more of the equity (including stock) in, or debt liability of, the applicant either directly or through another individual, excluding commercial lending institutions. b. All directors c. All corporate officers, including but not limited to the firm's president, vice-president, secretary and chief financial officer. d. All managers of environmental regulatory compliance. e. All first-line supervisors who manage a facility at which the applicant transports, transfers, or stores hazardous waste. 2. If the initial background investigation of any key management personnel raises questions as to the identity of the person(s) for which information is provided, the state may request fingerprint cards for the person(s) whose identity is in question. 			
Section D. Permits Held			
<p>List all state hazardous materials transportation registrations, permits, licenses or similar types of credentials held in the last three years. If necessary, provide additional sheets as Attachment III.D.</p>			
Jurisdiction	Current or Recent Permit or Registration Number	Years Held	Type of Material (HM, HW, RAM)

Part III Continued**Section E. Related Business Concerns**

Parent companies: List all persons which hold, or which have held in the last three years, either directly or through another person, 10 percent or more of the equity in, or debt liability of, the applicant's firm, excluding lending institutions. List all names and addresses used by such persons in the last three years as Attachment III.E of this application.

North American affiliates and subsidiaries: List all persons in which the applicant's firm, or any person listed in Part C, holds or has held in the last three years, 10 percent or more of the equity or debt liability. List all names and addresses used by such persons in the last three years.

Major contractors and persons involved in the brokering of hazardous waste: List all contractors and brokers that account for 10 percent or more the applicant company's contracted work in the last three years with the applicant has contract in any of the activities listed in Part B.

Leased vehicles: List all companies, not listed elsewhere, from which 25 percent or more of the applicant's vehicles are leased and used for the activities described in Part III, Section B.

Major clients: List all persons that accounted for 10 percent or more of the work performed by the applicant's firm in the last three calendar years.

Section F. Legal Proceedings

Attach a list and explanation of all legal proceedings, associated with the crimes identified below, against the applicant's business, and key management personnel, as defined in Part C, and against any North American parent, affiliate or subsidiary company of the applicant. For purposes of this Disclosure Statement, "legal proceedings" means any federal, state or local enforcement actions, whether administrative, civil or criminal, pending or adjudicated in the last three years. Include the following crimes:

Murder	Theft and related crimes
Kidnapping	Forgery and fraudulent practice
Gambling	Racketeering
Robbery	Perjury or false swearing
Bribery	Assault constituting felony
Extortion	Anti-trust violations
Criminal usury	Fraud in the offering, sale, or purchase of securities
Arson	Alteration of motor vehicle identification numbers
Burglary	Unlawful possession or use of destructive devices or explosives

Section G. Changes

The applicant shall report to the regulating agency in writing, within 90 days, any changes in majority ownership or convictions against the applicant or the applicant's key management personnel for any crime covered under Part III, Section F, Legal Proceedings.

Part IV – Required for all Applicants**General Application Certifications**

- ☐ I certify that the applicant's hazardous materials transportation (including hazardous waste) license, permit, or registration has not been withdrawn, denied, suspended or revoked by any state, local, or federal agency in the past year.
- ☐ I certify that the applicant's USDOT safety rating has not changed in the past year.
- ☐ I certify that the applicant has had no changes in majority ownership or convictions against the applicant or the applicant's key management personnel for any crime covered under Part III, Section F, Legal Proceedings in the past year.
- ☐ I certify that the applicant has a properly executed Form MCS-82 or MCS-90 and has in effect and will maintain the minimum level of financial responsibility as required by 49 CFR, Part 387 or required coverage for intrastate carriers, if applicable.
- ☐ I certify that there have been no changes in the applicant's operations that would require the applicant to obtain a higher level of credential under the Uniform Program. (Example: A carrier with a Part II Hazardous Materials permit begins transporting hazardous waste in a state that requires the Part III disclosure.)
- ☐ I understand that any information contained in this application may be verified through either a desk audit or on-site audit.
- ☐ I certify that, to the best of my knowledge and after due investigation, the information contained in this application is true, accurate, and complete.

Name (please type or print)

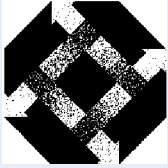
Title

Signature – Must be signed by owner or officer of the company

Date

False statements may violate 18 U.S.C. 1001, may incur state penalties, and may invalidate the registration and permit form.

This page MUST be signed in INK and returned with the application



Revised 04/07

Alliance for Uniform HazMat Transportation Procedures Fee Worksheet Summary Form

If applicant maintains multiple fleets for purposes of IRP reporting, complete a separate copy of this page for each fleet. IRP covers only 26,000 pound and heavier vehicles. Therefore, also include a non-IRP and non-IFTA power units as a separate fleet(s) if necessary.

Fleet # _____

Please read instructions 1-9 on this page before filling out the calculation spreadsheet

General Processing Fee Item 1	Permit Review Fee Item 2	Power Units Item 3	x	% IRP Mileage Item 4	x	% HazMat Activity Item 5	or	% HazWaste Activity Item 6	=	Round up to whole # Item 7	x	Vehicle Fee Item 8	=	Total per State Fees Item 9
1. IL \$250.00	N/A		x		x	N/A	or		=		x	\$20.00	=	
2. MI \$50.00	\$500.00		x		x	N/A	or		=		x	\$50.00	=	
3. OK \$50.00	\$500.00		x		x	N/A	or		=		x	\$100.00	=	
4. MN \$50.00	N/A		x		x		or		=		x	\$30.00	=	
5. NV \$125.00	\$500.00		x		x		or		=		x	\$125.00	=	
6. OH \$50.00	N/A		x		x		or		=		x	\$20.00	=	
7. WV \$50.00	N/A		x		x		or		=		x	\$50.00	=	
Add Lines 1-7														
Add Base State Processing Fee (Item 1)														
Add Base State Permit Review Fee (Item 2)														
Total Remittance														

Item 1 General Processing Fee - Pay this fee only to the Base Jurisdiction

Item 2 Part II Permit Review Fee - Pay this fee only to the Base Jurisdiction during a Permit Review Year (Part II Renewal or Original Application Year)

Item 3 Enter average number of power units owned, leased or operated for the time period indicated in Section C, item 28 on page 1

Item 4 Enter IRP mileage percentages from Section C, item 31 on page 1. All percentages should be rounded to two decimal places and the sum of these percentages must equal 100 percent. Intrastate carriers should allocate 100 percent to the state in which they operate.

Item 5 Enter HazMat activity percentage from Section C, item 32 on page 1. **This percentage represents total activity in all states combined. Do not split activity among states.** The percentage of hazardous materials activity for less-than-truckload shipments shall be the weight of all hazardous materials shipments divided by the total weight of all shipments for either the last calendar year or the applicant's fiscal year. For truckload shipments, the percentage of hazardous materials activity shall be the number of placarded or marked shipments divided by the total number of shipments for the most recent twelve-month period for which this information is available. A carrier that transports both less-than-truckload and truckload shipments of hazardous materials shall calculate the percentage of hazardous materials activity on a proportional basis.

Item 6 Enter the total percentage attributed ONLY to hazardous waste activity from Section C, item 33 on page 1 for the states of Illinois, Michigan and Oklahoma. **This percentage represents total hazardous waste activity in all states combined. Do not split activity among states.**

Item 7 Enter the result of multiplying number of vehicles X IRP% X HM (or) HW % and round up to the nearest whole number

Item 8 Vehicle Registration Fee - Pay this fee per vehicle after calculating mileage and activity

Item 9 Enter the result of multiplying the whole number in Item 7 X per vehicle registration fee in Item 8 above

Note: A separate invoice for the Part III Review fee will be sent directly to the Applicant from the Part III Review jurisdiction.

STATE ADMINISTERING AGENCY**UNIFORM PROGRAM LEVEL**

Illinois

Illinois Environmental Protection Agency
Division of Land Pollution Control
1021 North Grand Avenue East
Springfield, IL 62702

Phone: 217/785-8604

FAX: 217/782-9290

Part II for Hazardous Waste

Make checks payable to: TREASURER, STATE OF ILLINOIS

Michigan

Michigan Department of Environmental Quality
P.O. Box 30657
Lansing, MI 48909

Phone: 586/753-3850

FAX: 586/753-3831

Part II for Hazardous Waste

Make checks payable to: STATE OF MICHIGAN

Minnesota

Minnesota Department of Transportation
395 John Ireland Boulevard MS 420
St. Paul, MN 55155-1899

Phone: 651/366-3680

FAX: 651/366-3718

Part II for Hazardous Materials
Part III for Hazardous Waste

Make checks payable to: COMMISSIONER OF TRANSPORTATION

Nevada

Nevada Highway Patrol
HazMat Registration & Permit Section
555 Wright Way
Carson City, NV 89711-0525

Phone: 775/684-4622

FAX: 775/684-4649

Part II for Hazardous Materials/Waste
Part III for Radioactive Waste

Make checks payable to: NEVADA HIGHWAY PATROL

Ohio

Public Utilities Commission of Ohio
Motor Carrier Registration, 14th Floor
180 East Broad Street
Columbus, OH 43215-3793

Phone: 614/466-3392

FAX: 614/728-9292

Part II for Hazardous Materials
Part III for Hazardous Waste

Make checks payable to: TREASURER, STATE OF OHIO

Oklahoma

Oklahoma Corporation Commission
Transportation Division
P.O. Box 52000
2101 North Lincoln Blvd.
Oklahoma City, OK 73152-2000

Phone: 405/521-2915

FAX: 405/521-2916

Part II for Hazardous Waste

Make checks payable to: OKLAHOMA CORPORATION COMMISSION

West Virginia

Public Service Commission of West Virginia
Motor Carrier Section
201 Brooks Street
Post Office Box 812
Charleston, WV 25323

Phone: 304/340-0456

FAX: 304/340-0394

Part II for All Materials/Waste

Make checks payable to: PUBLIC SERVICE COMMISSION OF WEST VIRGINIA
